200 MEMORIAL DRIVE

MDNDOVI 54755 Phone: (715) 926-4962	2	Ownershi p:	Nonprofit Church/Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	100	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/01):	110	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	90	Average Daily Census:	93

Services Provided to Non-Residents	١	Age, Sex, and Primary Diagn	osis of	Residents (12/31	(01)	Length of Stay (12/31/01)	%
Home Health Care Supp. Home Care-Personal Care	No   No	Primary Diagnosis	%	Age Groups	%   	Less Than 1 Year 1 - 4 Years	23. 3 34. 4
Supp. Home Care-Household Services		Developmental Disabilities	1. 1	Under 65	3.3	More Than 4 Years	42. 2
Day Servi ces	No	Mental Illness (Org./Psy)	20. 0	65 - 74	7.8		
Respite Care	No	Mental Illness (Other)	6. 7	75 - 84	35.6		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	1. 1	85 - 94	41. 1	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi pl egi c	0.0	95 & 0ver	12. 2	Full-Time Equivalen	ıt
Congregate Meals	Yes	Cancer	2. 2		[	Nursing Staff per 100 Re	si dents
Home Delivered Meals	Yes	Fractures	8. 9		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	11. 1	65 & 0ver	96. 7		
Transportati on	No	Cerebrovascul ar	12. 2	<sup>*</sup>		RNs	10. 0
Referral Service	No	Di abetes	3. 3	Sex	%	LPNs	7. 5
Other Services	No	Respi ratory	4.4		·	Nursing Assistants,	
Provi de Day Programming for	ĺ	Other Medical Conditions	28. 9	Male	28.9	Aides, & Orderlies	38. 7
Mentally Ill	No			Femal e	71. 1		
Provi de Day Programming for	j		100. 0		j		
Developmentally Disabled	No				100.0		
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## Method of Reimbursement

		Medicare Title 18			ledicaid itle 19			0ther			Pri vate Pay	:		amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of s All
Int. Skilled Care	0	0. 0	0	1	1. 4	115	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0.0	0	1	1. 1
Skilled Care	4	100.0	324	67	94. 4	98	0	0.0	0	14	93. 3	115	0	0.0	0	0	0.0	0	85	94. 4
Intermediate				3	4. 2	81	0	0.0	0	1	6. 7	108	0	0.0	0	0	0.0	0	4	4. 4
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	4	100.0		71	100.0		0	0.0		15	100.0		0	0.0		0	0.0		90	100. 0

Admissions, Discharges, and		Percent Distribution	of Residents'	Condi t	ions, Services	s, and Activities as of 12/	/31/01
Deaths During Reporting Period	l				% Needi ng		Total
Percent Admissions from:		Activities of	%		sistance of	% Totally	Number of
Private Home/No Home Health	16. 9	Daily Living (ADL)	Independent		Or Two Staff	,	Resi dents
Private Home/With Home Health	3. 9	Bathi ng	12. 2	0110	44. 4	43. 3	90
Other Nursing Homes	0. 0	Dressi ng	14. 4		42. 2	43. 3	90
Acute Care Hospitals	76. 6	Transferring	32. 2		36. 7	31. 1	90
Psych. Hosp MR/DD Facilities	0. 0	Toilet Use	28. 9		31. 1	40. 0	90
Rehabilitation Hospitals	0. 0	Eating	70. 0		15. 6	14. 4	90
Other Locations	2. 6	*********	*******	******	*******	*********	******
Total Number of Admissions	77	Continence		%	Special Trea	tments	%
Percent Discharges To:		Indwelling Or Externa	al Catheter	5. 6	1	Respiratory Care	8. 9
Private Home/No Home Health	18. 1	0cc/Freq. Incontinent		46. 7		Tracheostomy Care	0. 0
Private Home/With Home Health	27. 7	0cc/Freq. Incontinent		26. 7		Suctioning	0. 0
Other Nursing Homes	6. 0	,				Ostomy Care	1. 1
Acute Care Hospitals	9. 6	Mobility				Tube Feeding	1. 1
Psych. Hosp MR/DD Facilities	0. 0	Physically Restraine	d	0.0		Mechanically Altered Diets	
Rehabilitation Hospitals	0. 0		_				
Other Locations	4. 8	Skin Care			Other Reside	ent Characteristics	
Deaths	33. 7	With Pressure Sores		0. 0	Have Advan	ce Directives	73. 3
Total Number of Discharges		With Rashes		6. 7	Medi cations		
(Including Deaths)	83					Psychoactive Drugs	56. 7

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

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	This Facility	1		100	Si ze: - 199 Group	Ski	ensure: lled Group	Al l Faci l	l lities			
	%	%	Ratio	%	Rati o	%	Ratio	%	Rati o			
Occupancy Rate: Average Daily Census/Licensed Beds	84. 5	88. 9	0. 95	83. 5	1. 01	84. 4	1. 00	84. 6	1. 00			
Current Residents from In-County	82. 2	78. 4	1. 05	79. 2	1. 04	75. 4	1.09	77. 0	1. 07			
Admissions from In-County, Still Residing	23. 4	25. 3	0. 92	22. 5	1. 04	22. 1	1.06	20. 8	1. 12			
Admi ssi ons/Average Daily Census	82. 8	108. 1	0. 77	125. 7	0. 66	118. 1	0. 70	128. 9	0. 64			
Discharges/Average Daily Census	89. 2	107.3	0. 83	127. 5	0. 70	118. 3	0. 75	130. 0	0. 69			
Discharges To Private Residence/Average Daily Census	40. 9	37.6	1. 09	51. 5	0. 79	46. 1	0.89	52. 8	0. 77			
Residents Receiving Skilled Care	95. 6	90. 9	1. 05	91. 5	1.04	91.6	1. 04	85. 3	1. 12			
Residents Aged 65 and Older	96. 7	96. 2	1.00	94. 7	1. 02	94. 2	1.03	87. 5	1. 10			
Title 19 (Medicaid) Funded Residents	78. 9	67. 9	1. 16	72. 2	1. 09	69. 7	1. 13	68. 7	1. 15			
Private Pay Funded Residents	16. 7	26. 2	0.64	18. 6	0. 90	21. 2	0. 79	22. 0	0. 76			
Developmentally Disabled Residents	1. 1	0. 5	2. 20	0. 7	1. 55	0.8	1.41	7. 6	0. 15			
Mentally Ill Residents	26. 7	39.0	0. 68	35. 8	0. 74	39. 5	0. 68	33. 8	0. 79			
General Medical Service Residents	28. 9	16. 5	1. 75	16. 9	1. 71	16. 2	1. 78	19. 4	1. 49			
Impaired ADL (Mean)	51. 6	49.9	1.03	48. 2	1. 07	48. 5	1.06	49. 3	1. 05			
Psychological Problems	<b>56</b> . 7	48. 3	1. 17	48. 7	1. 16	50. 0	1. 13	51. 9	1. 09			
Nursing Care Required (Mean)	4. 7	7. 0	0. 67	6. 9	0. 68	7. 0	0. 67	7. 3	0. 64			